SCHEDULE H		Household Employm	OMB No.	OMB No. 1545-1971						
(Form 1040)		(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) T			Taxes)					
Department of the Treasury Attach to Form 1040, 1040NR, 1040-SS, or 1041. See separate instructions.		Attachment								
Internal Revenue Service (99) See separate instructions. Name of employer Internal Revenue Service (99)				Sequence No. 44 Social security number						
				Employer i	dentification r	number				
A	spouse, your ch question.)	y one household employee cash wages of \$1,800 hild under age 21, your parent, or anyone under age				-				
	 Yes. Skip lines B and C and go to line 1. No. Go to line B. 									
В	B Did you withhold federal income tax during 2012 for any household employee?									
	 Yes. Skip line C and go to line 5. No. Go to line C. 									
С	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2011 or 2012 to all household employees? (Do not count cash wages paid in 2011 or 2012 to your spouse, your child under age 21, or your parent.)									
	 No. Stop. Do not file this schedule. Yes. Skip lines 1-7 and go to line 8. (Calendar year taxpayers having no household employees in 2012 do not have to complete this form for 2012.) 									
Part I Social Security, Medicare, and Federal Income Taxes										
1	Total cash wage	s subject to social security taxes								
2	Social security ta	axes. Multiply line 1 by 10.4% (.104)		2						
3	Total cash wage	s subject to Medicare taxes	3							
4	Medicare taxes.	Multiply line 3 by 2.9% (.029)		4						
		tax withheld, if any		5						
6	Total social sec	curity, Medicare, and federal income taxes. Add line	s 2, 4, and 5	6						
7	 7 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2011 or 2012 to all household employees? (Do not count cash wages paid in 2011 or 2012 to your spouse, your child under age 21, or your parent.) 									
	-	nclude the amount from line 6 above on Form 1040, I nstructions.	ne 59a. If you are not requi	red to file	Form 1040), see th	ie			
	Yes. Go to I	ine 8.								
For	Privacy Act and Pap	erwork Reduction Act Notice, see the instructions.	Cat. No. 12187K	Sc	chedule H (For	m 1040) 2	2012			

Sche	dule H (Form 1040) 2012									Pa	age 2
Pa	rt II Federal Une	mployment (FUT)	A) Tax								
		<u> </u>	-							Yes	No
8	Did you pay unemp	olovment contributio	ons to only one	state? (If vo	ou paid contribu	itions to a cred	lit redu	uction			
-									8		
								9			
	Were all wages that			• •				-	10		
	froro all magoo mat			o for your of				· · _			
Nov	t: If you checked the	"Voc" hoy on all th	o linos abovo, or	molata Sac	tion A						
INEX		"No" box on any of				e Section B					
_	li you checked the	NO BOX ON any O		Section A		e dection D.					
44											
	Name of the state w	nere you paid unen	ipioyment contri	butions							
10	Contributions paid t	o vour state unemo	lovmont fund		. 12						
	Contributions paid t						10				
	Total cash wages su						13				
14	FUTA tax. Multiply	line 13 by .6% (.006		Section B		o to line 23	14				Ĺ
45											
15	Complete all column					(0)		(m)		(10)	
	(a) Name of state	(b) Taxable wages (as	(c) State experience rate	(d) State	(e) Multiply col. (b)	(f) Multiply col. (b)	Subt	(g) ract col. (f)	Co	(h) ontribut	tions
		defined in state act)	period	experience	by .054	by col. (d)	from col. (e). If zero or less,		paid to state		
				rate					une	employ	
			From To				er	nter -0		fund	
10	Tatala					10					
	Totals					16					
	17 Add columns (g) and (h) of line 16										
	_						18				
	Multiply line 18 by 6					· · · · ·	19				
20							_				
21	Enter the smaller of										
	(Employers in a credit reduction state must use the worksheet on page H-7 and check here) . 21 22 FUTA tax. Subtract line 21 from line 19. Enter the result here and go to line 23										
				here and go	to line 23 .		22				Ĺ
	t III Total House							1			
	Enter the amount from		cked the "Yes" b	ox on line C	of page 1, ente	r-0	23				
	Add line 14 (or line 2						24				
25	Are you required to										
	Yes. Stop. Inclu					ot complete Par	rt IV be	elow.			
	No. You may have to complete Part IV. See instructions for details.										
	t IV Address and				uired. See the						
Addre	ess (number and street) or I	P.O. box if mail is not deli	vered to street addres	S		A	pt., roon	n, or suite no	э.		
City, t	town or post office, state, a	and ZIP code									

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's	signature		- •	Date			
Paid Proparor	Print/Type preparer's name	Preparer's signature		Date		Check if self-employed	PTIN
Preparer Use Only	Firm's name				Firm's EIN ►		
Use Only	Firm's address ►				Phon	e no.	